

School Year: \_\_\_\_\_

File Number: \_\_\_\_\_

*Note: The File Number will be assigned by the Principal*

**BETHESDA-CHEVY CHASE HIGH SCHOOL  
REQUEST FOR  
PROFESSIONAL DEVELOPMENT FUNDS**

Teacher/Staff: \_\_\_\_\_

Department: \_\_\_\_\_

Resource Teacher: \_\_\_\_\_

Name of Program/Activity: \_\_\_\_\_

Location of Program/Activity: \_\_\_\_\_

Program/Activity Sponsor: \_\_\_\_\_

Description of Program/Activity and Benefits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount of funding requested: \_\_\_\_\_

Please attach itemization of proposed expenses.

Signatures:

Teacher/Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:

Resource Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**BETHESDA-CHEVY CHASE HIGH SCHOOL  
EDUCATIONAL FOUNDATION**

**PROCEDURES FOR REIMBURSEMENT OF  
PROFESSIONAL DEVELOPMENT EXPENSES**

Reimbursement of approved professional development expenditures incurred by faculty at B-CC High School from funds available for this purpose from the B-CC High School Educational Foundation will be made only as follows:

1. *Application* -- The Bethesda-Chevy Chase High School **Request for Professional Development Funds** must be completed and signed by the participating teacher/staff and by the applicable Resource Teacher. The request must include the completed **Statement of Expenses** with an estimate of expenses. If funds are requested for overnight travel, the completed **MCPS Form 281-1** (Request/Accounting for Overnight Travel Funds) (<http://www.montgomeryschoolsmd.org/departments/forms/pdf/281-1.pdf>) must be included. ***The completed application is to be submitted to Principal, B-CC High School.*** The Principal will provide to the Foundation a complete copy of any application for which Foundation funds are requested.
2. *Request for Reimbursement* -- A copy of the completed Statement of Expenses, with actual expenses and substantiation, including receipts, must be submitted for reimbursement. If the expenses included overnight travel, the completed MCPS Form 281-1 (Request/Accounting for Overnight Travel Funds), with actual expenses and receipts, must be included.
3. *Due Date* -- Completed expense forms must be submitted to Ms. Sherry Swanke (or her substitute) in the B-CC High School Business Office **WITHIN 30 DAYS** following completion of the program for which reimbursement is sought. Failure to submit within 30 days may result in denial of the reimbursement.

If you have any questions, you may contact Sherry Swanke in the B-CC High School Business Office or Jim Osterman, the Treasurer of the B-CC High School Educational Foundation, at [jim@opmcpa.com](mailto:jim@opmcpa.com)

School Year: \_\_\_\_\_

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**STATEMENT OF EXPENSES**

*If the program is approved, you must submit a copy of this form with substantiation of your expenses, including receipts, **WITHIN 30 DAYS** following completion of the program. Failure to submit within 30 days may result in denial of your reimbursement.*

*If funds are requested for overnight travel, attach the completed MCPS Form 281-1 (Request/Accounting for Overnight Travel Funds)  
(<http://www.montgomeryschoolsmd.org/departments/forms/pdf/281-1.pdf>).*

The expenses below are estimated / actual expenses (circle one).

Your Name: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Location: \_\_\_\_\_

Registration Fee:\* \_\_\_\_\_

Materials (itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation (itemize):\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meals (itemize):\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Expenses from MCPS Form 281-1  
(if that form is required) \_\_\_\_\_

Other (describe and itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Expenses: \_\_\_\_\_

Teacher \_\_\_\_\_ Date: \_\_\_\_\_

\* These expenses need not be separately stated here if MCPS Form 281-1 is attached.